

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704428

1. Entity Name

OPT-MRS CLUB OF MIAMI BEACH INC

Principal Place of Business

Mailing Address

% HELEN SEGAL  
9111 E BAY HARBOR DR #3E  
BAY HARBOR ISL FL 33154  
US

9111 E BAY HARBOR DR #3E  
BAY HARBOR ISL FL 33154  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6159342

Applied For

Not Applicable

5. Certificate of Status Desired ☐ ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELEN SEGAL  
9111 E BAY HARBOR DR #3E  
BAY HARBOR ISL FL 33154

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME ROTHMAN, ROSE ☒ Delete  
STREET ADDRESS 100 BAYVIEW DR # 1528  
CITY-ST-ZIP N MIAMI FL 33160

TITLE PD ☒ Change ☐ Addition  
NAME Eleana Kuhnner  
STREET ADDRESS 1900 So. Ocean Dr. #2F  
CITY-ST-ZIP Hallandale, FL #33009

TITLE TD ☐ Delete  
NAME HELEN SEGAL  
STREET ADDRESS 9111 E BAY HARBOR DR #3E  
CITY-ST-ZIP BAY HARBOR ISL FL 33154

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME MORRIS, MYRNA  
STREET ADDRESS 9300 W BAY HARBOR DR #3B  
CITY-ST-ZIP BAY HARBOR ISL FL 33154

TITLE VP ☒ Change ☐ Addition  
NAME Morris, Myrna  
STREET ADDRESS 9300 W. Bay Harbor Dr. #3B  
CITY-ST-ZIP Bay Harbor Isl, FL. #33154

TITLE RSD ☐ Delete  
NAME KUR, NORMA  
STREET ADDRESS 4747 COLLINS AVE  
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☒ Delete  
NAME WEINSTEIN, BERNICE  
STREET ADDRESS 19925 NE 10TH PL WAY  
CITY-ST-ZIP NORTH MIAMI BCH FL 33179

TITLE SD ☒ Change ☐ Addition  
NAME Weinstein, Bernice  
STREET ADDRESS 19925 N.E. 10th Pl Way  
CITY-ST-ZIP North Miami Beach, FL. #33179

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Required* Helen Segal

305/866-1385 2/19/02

CR2E037 (9/01)